

Entered - 09-14-01- sb  
CL 01L0582 - ALEXIS HOLMES

CLAIM OF: **WASTE MANAGEMENT SOUTH**  
1571 Burks Drive  
Lake City, Georgia 30260


**01- L-1749**

For vehicular damages alleged to have been sustained as a result of a vehicle accident on August 22, 2001 at 1189 Henrico Road.

**BY PUBLIC SAFETY AND LEGAL ADMINISTRATION  
COMMITTEE:**

**BE IT RESOLVED** by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **WASTE MANAGEMENT ATLANTA SOUTH** the sum of **\$2,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for **vehicular damages alleged to have been sustained as a result of a vehicle accident on August 22, 2001 at 1189 Henrico Road** as is more particularly set forth in the within claim; said sum taken from and charged to account 2J01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD  
CITY ATTORNEY

BY:   
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0582

Date: 9/26/01

Claimant /Victim WASTE MANAGEMENT SOUTH

BY: (Atty) \_\_\_\_\_

Address: 1571 Burks Drive Lake City Georgia 30260

Subrogation: \_\_\_\_\_ Claim for Property damage \$ 2,732.26 Bodily Injury \$ \_\_\_\_\_

Date of Notice: 8/27/01 Method: Written, proper X Improper \_\_\_\_\_

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 8/22/01 Place: 1189 Henrico Road at the Live Oak Landfill

Department Public Works Division: Sewer Operations

Employee involved Thurston Dyson Disciplinary Action: None taken

**NATURE OF CLAIM:** The claimant sustained damages to its vehicle when a City driver of a City vehicle backed into the left side of the claimant's vehicle causing damage in the above amount.

### INVESTIGATION:

Statements: City employee X Claimant X Other \_\_\_\_\_ Written X Oral X

Pictures X Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report X Other \_\_\_\_\_

Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

### BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial \_\_\_\_\_

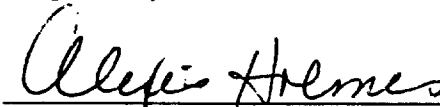
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other \_\_\_\_\_ Damages reasonable X

City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement X

Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_

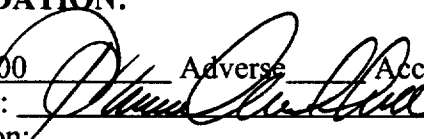
Claimant Negligent \_\_\_\_\_ City Negligent X Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - ALEXIS HOLMES

### RECOMMENDATION:

Pay \$ 2,000.00 Adverse \_\_\_\_\_ Account charged: 1A01 \_\_\_\_\_ 2J01 X 2H01 \_\_\_\_\_

Claims Manager:  Concur/date 10/20/01

Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

(C-C-109672) NC#

COUNCIL OF THE CITY OF ATLANTA  
CLERK OF COUNCIL  
City Hall  
68 Mitchell Street, S.W.  
Atlanta, GA 30335

RECEIVED

RE: CLAIM FOR DAMAGES

AUG 27 2001

Holmes  
09/12/01

MUNICIPAL CLERK

DATE: 8/22/01

ENTERED - 9-14-01 - SB

0110582 - ALEXIS HOLMES

Dear Sir:

This is to notify the City of Atlanta that I have suffered damages in the sum of \$4000 property and/or \$ bodily injury for which I contend the City is liable.

1. Date of incident: 8 22 2001 (month day year) 2. Police called ☒ (yes) ☐ (No)
3. Location of incident: Live Oak Landfill
4. Name of your insurance company: GEORGA Liability INS. Policy #ISH H07686031
5. State what and how incident occurred: On 8/22/01 City of ATL Driver Racked into WASTE MANAGEMENT vehicle Damaging the hood, the mirrors the Driver Door Hydraulic Tank Auto Tank (use other side if necessary)
6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE STATEMENTS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
7. The registered owner must make the claim for vehicle damages. Complete the following and attached two (2) estimates of repair.  
Your vehicle: MACK 1993 PK6255 Milton Coggins (make) (year) (tag#) (driver's name)  
City vehicle: DISEN THURSTAN ARONELLE RESIDENTIAL (make) (driver's name) (department)
8. Witness: Milton Coggins 453 PATTERSON AVE 404-295-7797 (name) (address) (phone)
9. The acknowledgment of this claim in no way waives the Governmental Immunity of the City of Atlanta, as granted by State Law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT!

10. THIS CLAIM SHOULD BE MAILED IMMEDIATELY TO THE ADDRESS SHOWN ABOVE

WASTE MANAGEMENT SOUTH (SEAL)  
1571 BUTKS DR.  
LAKE CITY GA 30260  
(city) (state) (zip)  
(404) 675 4019  
(home) (phone) (work)

REV 2/84 JWP  
01-2-1749

ALBERT Hutton  
Safety Mgr